

Name

in  
Full

Annie Blake

## CERTIFICATE OF DEATH

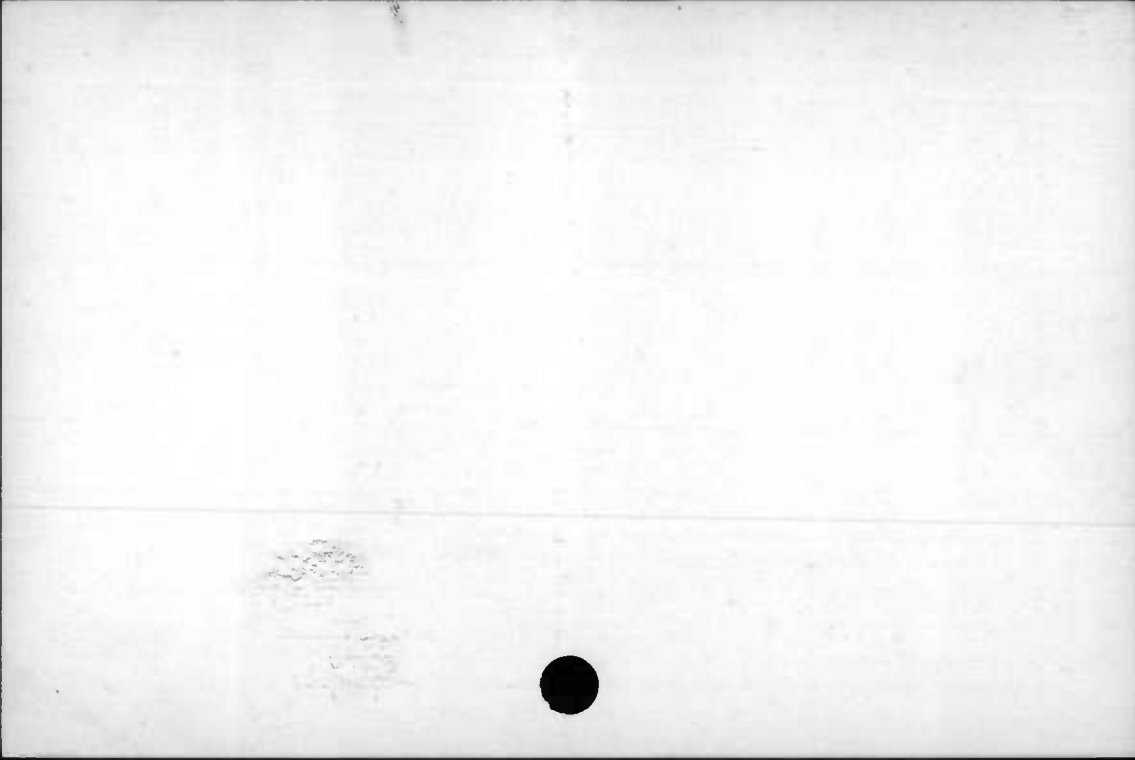
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>near Mechanicsville</u>		County <u>St. Marys</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>Aug.</u>	Day <u>22</u>	Years <u>---</u>	Months <u>2</u>	Days <u>7</u>
Sex <u>Female</u>		Color or Race <u>Colored</u>		Birth-place <u>St. Mary's Co.</u>	
Occupation <u>---</u>			Where Residing if not at place of death <u>---</u>		
Married, Single or Widowed <u>---</u>		Name of Wife or Husband <u>---</u>			
Father's Name <u>George Blake</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Agnes Penn</u>			Mother's Birthplace <u>Maryland</u>		
Name of person giving information <u>George Blake</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Diarrhoea</u>	How long	<u>Two weeks</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Zach. B. Morgan</u>	
		Address <u>---</u>	
Accident or Suicide?			



Name  
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David Clinton Brooks

CERTIFICATE OF DEATH

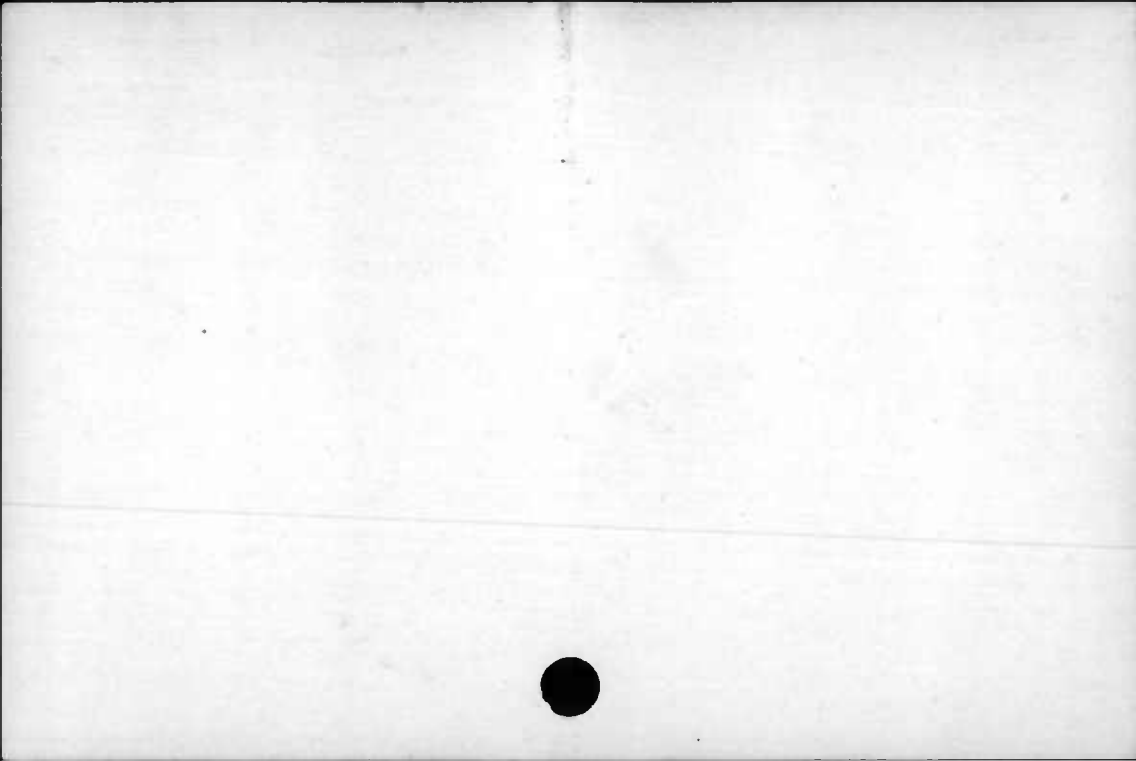
TO BE ANSWERED BY  
NEAREST FRIEND

Died <i>near Mechanicsville</i>		Town <i>St. Mary's</i>		County		MARYLAND	
Date of death <i>1905</i>	Month <i>Aug.</i>	Day <i>6<sup>th</sup></i>	Age <i>7</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>St. Mary's Co.,</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>Webster Brooks</i>			Father's Birthplace <i>St. Mary's Co.,</i>				
Mother's Maiden Name <i>Frances Hally</i>			Mother's Birthplace <i>St. Mary's Co.</i>				
Name of person giving information <i>Webster Brooks</i>			How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Diarrhoea</i>	How long <i>one week</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Zach. R. Morgan</i>
	Address <i>Mechanicsville</i>
Accident or Suicide?	



Name  
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## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Clements</i> - Town		<i>St. Marys</i> - County		MARYLAND								
Date of death	<i>1905</i>	Month	<i>Aug</i>	Day	<i>5</i>	Age	<i>6</i>	Years	<i>6</i>	Months	<i>6</i>	Days
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birthplace	<i>Clements</i>							
Occupation						Where Residing if not at place of death						
Married, Single or Widowed						Name or Wife or Husband						
Father's Name	<i>Sam. Ernest Hodge</i>					Father's Birthplace						
Mother's Maiden Name	<i>Minerva Jones</i>					Mother's Birthplace						
Name of person giving information	<i>Wife</i>					How related to deceased						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>5 days</i>
Immediate			
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. B. Johnson</i>		
	Address <i>Maryland</i>		
Accident or Suicide?			



Name  
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CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Ann C. Raley*

Town *Beaumont* County *St. Marys*

Died at *Beaumont*

Date of death *1905* Month *Aug* Day *4* Age *57* Years Months Days

Sex *Female* Color or Race *white* Birthplace *St. Marys Co.*

Occupation *Housewife* Where Residing if not at place of death *—*

Married, Single or Widowed *married* Name of Wife or Husband *William V Raley*

Father's Name *Aspenwell Guy* Father's Birthplace *St. Marys Co.*

Mother's Maiden Name *Martilda Guy* Mother's Birthplace *St. Marys Co.*

Name of person giving information *William V Raley* How related to deceased *husband*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Chronic Infection* How long *5 months*

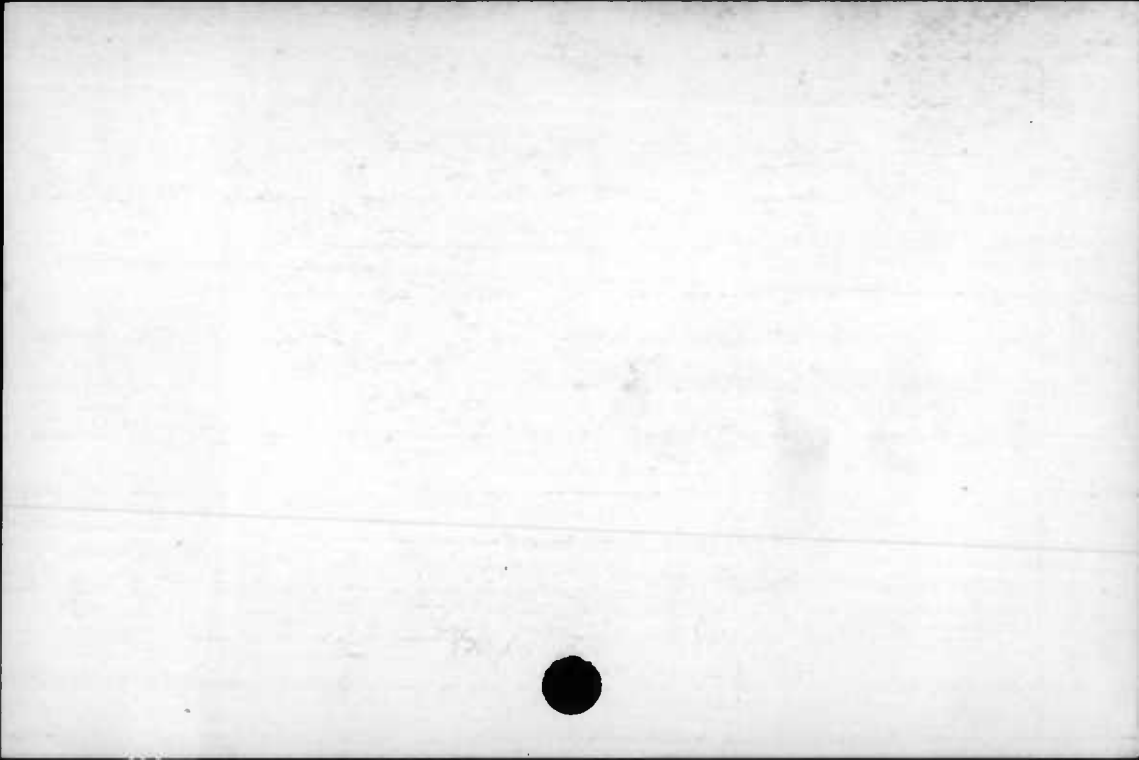
Immediate *Coma* How long *18 hours*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *A. J. Greenwell*

Address *Leonardtown*

Accident or Suicide? *Ind.*





Name  
in  
Full

Howard Tanney

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Leonardtown		County St Marys		MARYLAND	
Date of death	1905	Month	Aug	Day	24	Age	17
Sex	male		Color or Race	Cedoid		Birth-place	St. Mary's Co
Occupation	Farm hand			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband				
Father's Name	Nicolas Tanney					Father's Birthplace	St. Mary's Co
Mother's Maiden Name	Allie Tanney					Mother's Birthplace	" " "
Name of person giving information	Nicolas Tanney					How related to deceased	father

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long	
Immediate	Insolation	a few hours
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
		Address
Accident or Suicide?		

